

02/19/02



J1132 U.S. PTO

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PTO/SB/05 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. A8319.0014/P014	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor	Takeyuki Itabashi
		Title	ELECTROLESS COPPER PLATING, etc.
		Express Mail Label No.	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 84] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Form (CRF)	
4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets]		b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
5. Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy)		c. <input type="checkbox"/> Statements verifying identity of above copies	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)		ACCOMPANYING APPLICATIONS PARTS	
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))	
6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: _____ Prior application information: Examiner _____ Group / Art Unit: _____		11. <input type="checkbox"/> English Translation Document (if applicable)	
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
		13. <input type="checkbox"/> Preliminary Amendment	
		14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)	
		16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.	
		17. <input checked="" type="checkbox"/> Other: Claim for Priority	
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input checked="" type="checkbox"/> Correspondence address below	
Name		DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP Mark J. Thronson	
Address		2101 L Street NW	
City		Washington	State DC Zip Code 20037-1526
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Name (Print/Type)		Mark J. Thronson	Registration No. (Attorney/Agent) 33,082
Signature			Date February 19, 2002

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FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	Not Yet Assigned
TOTAL AMOUNT OF PAYMENT (\$)		Filing Date	Herewith
740.00		First Named Inventor	Takeyuki Itabashi
		Examiner Name	Not Yet Assigned
		Group Art Unit	N/A
		Attorney Docket No.	A8319.0014/P014
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None		3. ADDITIONAL FEES	
<input checked="" type="checkbox"/> Deposit Account		Large Entity Small Entity	
Deposit Account Number 04-1073		Fee Code Fee (\$)	
Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP		Fee Code Fee (\$)	
The Commissioner is hereby authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments		Fee Paid	
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
Fee Paid			
101 740 201 370 Utility filing fee		740.00	
106 330 206 165 Design filing fee			
107 510 207 255 Plant filing fee			
108 740 208 370 Reissue filing fee			
114 160 214 80 Provisional filing fee			
SUBTOTAL (1) (\$)		740.00	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Total Claims 16 -20** =		Extra Claims Fee from below Fee Paid	
Independent Claims 2 -3** =		0.00	
Multiple Dependent		0.00	
Large Entity Small Entity			
Fee Code Fee (\$)			
Fee Code Fee (\$)			
Fee Description			
103 18 203 9 Claims in excess of 20			
102 84 202 42 Independent claims in excess of 3			
104 280 204 140 Multiple dependent claim, if not paid			
109 84 209 42 ** Reissue independent claims over original patent			
110 18 210 9 ** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)		0.00	
**or number previously paid, if greater; For Reissues, see above			
SUBMITTED BY		Complete (if applicable)	
Name (Print/Type) Mark J. Thronson		Registration No. 33,082	
Signature		Telephone (202) 775-4742	
		Date February 19, 2002	